

**Centers for Disease Control and Prevention (CDC) - Model Performance Evaluation Program (MPEP): Testing for Human Immunodeficiency Virus Type 1 (HIV-1) and Human T-Lymphotropic Virus Types I and II (HTLV-I/II)**  
(Enrollment Form for Laboratories Located Outside the United States)

For enrollment of your laboratory in the Model Performance Evaluation Program (MPEP), please provide information in the spaces below. This information will be entered in the MPEP enrollment data base to ensure your laboratory's receipt of mailed performance evaluation panels and CDC published reports of results.

1. **Name of Laboratory:** \_\_\_\_\_
2. **Mailing Address:** \_\_\_\_\_
3. **City:** \_\_\_\_\_ **Province:** \_\_\_\_\_  
**Postal or Zip Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_
4. **Laboratory Director's Name:** \_\_\_\_\_
5. **Laboratory Supervisor's Name:** \_\_\_\_\_
6. **Please indicate (✓) the MPEP program(s) in which your laboratory would like to participate:**

**HIV-1 Antibody**

☐ Yes ☐ No

**HTLV-I/II Antibody**

☐ Yes ☐ No

If you checked **No** to any of the items in question #6, please indicate why below:

☐ Our laboratory does not perform HIV-1 antibody testing.

☐ Our laboratory does not perform HTLV-I/II antibody testing.

☐ Other reasons, please specify (optional): \_\_\_\_\_

7. **Please indicate your laboratory type by checking the appropriate category listed below (check only one):**

☐ **BLOOD BANK**

[e.g., community, regional, blood/plasma center, Red Cross, privately owned, military, nonhospital blood bank, hospital blood bank (hospital blood bank includes portion of hospital laboratory responsible for blood donor testing)]

☐ **HOSPITAL**

[e.g., city, county, district, community, state, regional, military, Veterans Affairs, Federal government (other than military), privately owned, university, HMO/PPO owned and operated, religious-associated]

☐ **HEALTH DEPARTMENT**

[e.g., city, county, state (main, central, or branch), regional, district, national reference laboratory (government affiliated)]

☐ **INDEPENDENT**

[e.g., commercial, commercial manufacturer of reagents, HMO satellite clinic, pharmaceutical laboratory, physician office laboratory, employee health clinic, reference laboratory (nongovernment affiliated)]

☐ **OTHER**

[e.g., university-associated research, drug screening/toxicology, Federal government research (nonmilitary), sexually transmitted diseases clinic, organ procurement, privately funded research]

Public reporting burden for this collection of information is estimated to average three minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road,

8. **Please verify your desire to participate in the MPEP by reading the following and signing in the space**

**provided.**

We understand that as participants in the Model Performance Evaluation Program, we will be asked to send the following to CDC: (1) results of our testing of performance evaluation samples provided by CDC; (2) information on methods used to test the samples; and (3) information about the characteristics and testing practices of our laboratory.

Director's Signature: \_\_\_\_\_

9. **Please indicate below both the name of the contact person and the laboratory shipping address where performance evaluation panels should be mailed if this is different than the mailing address listed above (Please note that performance evaluation samples shipments cannot be delivered to P.O. boxes):**

**HIV-1 Antibody Contact Person:** \_\_\_\_\_

**Shipping Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_

**Postal or Zip Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Telephone:**(\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ **Ext.** \_\_\_\_\_

**Fax:**(\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

**HTLV-I/II Antibody Contact Person:** \_\_\_\_\_

**Shipping Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_

**Postal or Zip Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Telephone:**(\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ **Ext.** \_\_\_\_\_

**Fax:**(\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

10. **Please mail this completed enrollment information to:**

MPEP Survey Coordinator  
Analytical Sciences, Inc.  
14 Executive Park Drive  
Suite 1415  
Atlanta, Georgia 30329

If you have questions about the completion of this enrollment information, please contact Analytical Sciences, Inc. by telephone at (404) 325-2660 or by Fax at (404) 325-2667.

If you have questions about participation in the MPEP, please contact William O. Schalla, M.S., Chief, MPEP at the CDC office by dialing (770) 488-8098, faxing to (770) 488-8275, or writing directly to:

William O. Schalla, M.S., Chief  
Model Performance Evaluation Program  
Laboratory Practice Assessment Branch  
Division of Laboratory Systems Mailstop G-23  
Public Health Practice Program Office  
Centers for Disease Control and Prevention (CDC)  
4770 Buford Highway, N.E.  
Atlanta, GA 30341-3724